



**Hyderabad Karnataka Education Society's
S. NIJALINGAPPA INSTITUTE OF DENTAL SCIENCES AND
RESEARCH, KALABURAGI, KARNATAKA – 585105**

DENTAL EDUCATION CELL

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POST - PROGRAMME SUBMISSION FORM

(This form should be filled and duly submitted to the IQAC Immediately after the programme)

(Please submit one soft copy to email @ naacsndcg@gmail.com along with this form)

Name of the programme:

Organised by (Name of the Dept):

No of delegates attended:

Attachments to be submitted *(Both soft and hard Copies are mandatory)*:

- Abstracts of Lectures delivered by Speakers
- Minutes of the programme
- Attendance particulars *(In excel sheet as soft copy)*
- Copy of registration certificate *(If any)*
- Video clips of the programme
- Photos of the programme *(minimum 5)*

Note: *Photos should include the banner (if any); speaker/s during their presentation; delegates during the lecture/s; presentation of certificate to the speaker/s.*

For official use only

Date received:

(Authorized Signatory with Seal & Date)